

# PEARLINGTON



# DISTRICT

James Lamy, Chairman  
Rosa Jackson, Commissioner

Cabrina Bell, Vice-Chairwoman  
Denise Wilkinson, Treasurer

Betty Baxter, Commissioner  
Michael Haas Jr., Attorney

## PAYMENT PLAN AGREEMENT BETWEEN CUSTOMER AND PEARLINGTON WATER AND SEWER DISTRICT

Date: \_\_\_\_\_

Account Number: \_\_\_\_\_ Service Address: \_\_\_\_\_

I, \_\_\_\_\_ agree to the following Payment Plan Agreement.  
*Customers Name*

Past Due Amount: \$ \_\_\_\_\_

### ADDITIONAL PAYMENT PER MONTH ON BALANCE IS AS FOLLOWS:

I agree to pay \$ \_\_\_\_\_ over the amount of the regular monthly bill due each month until payment agreement balance has been paid in full. I understand that the late fee will only be suspended from this day forward, as long as the monthly bill, and the agreed additional amount is paid on time each month for \_\_\_\_\_ **consecutive months**.

(Monthly bills are based on water usage. If gallons used is greater than the current minimum, then your monthly bill will be higher and you will still be expected to pay the agreed upon **Payment Amount and the Monthly Bill**.)

Example: Monthly bill is 62.75, your payment is 45.00, your payment will be \$107.75.

I understand that the amount agreed upon must be paid by the **due date each month** and that if I fail to do so I will be disconnected and will be subject to the Security Deposit of \$100.00, Reconnect fee of \$50.00 and the late fees. I also understand that I am allowed one payment agreement. If I fail to meet this one-time payment agreement that the account balance will have to be paid in full.

\_\_\_\_\_  
Account Holder (Printed Name)

\_\_\_\_\_  
Account Holder (Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
PWSD Representative

(228) 533-0037 P  
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